

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000083896	
1. Entity Name BROOKLYN PIZZA KITCHEN, INC	



FILED
08 OCT -8 AM 11:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 121 CENTER STREET JUPITER, FL 33477	Mailing Address 12070 182ND RD NORTH JUPITER, FL 33478
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2. Principal Place of Business - No P.O. Box # 11711 Okeechobee Blvd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Royal Palm Beach FL	City & State
Zip 33411	Country USA

09302008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent	
PROTTING, JOSEPH G 12070 182ND RD NORTH JUPITER, FL 33478	

4. FEI Number 38-3761522	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Joseph G. Protting</i> Signature, typed or printed name of registered agent and title, if applicable.	DATE 10/3/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PROTTING, JOSEPH G 12070 182ND RD NORTH JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100136750451 10/08/08--01037--003 **\$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PROTTING, PATRICK T 12070 182ND RD NORTH JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Joseph G. Protting</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 10/3/08 Daytime Phone #: 561 254 3701

10/9/08